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Canada's hardest-hit nursing homes lost 40% of residents in just 3 months of the pandemic

All are in Quebec and Ontario, and are a mix of public, private and non-profit homes

Tara Carman · CBC News · Posted: Jul 10, 2020 4:00 AM ET | Last Updated: July 10, 2020

A memorial for residents who lost their lives due to COVID-19 at a Toronto-area care home. A CBC News analysis of death in seniors' care homes found five facilities in Canada where more than 40 per cent of residents died during the height of the COVID-19 pandemic. (CBC)

There are five seniors' care facilities in Canada where more than 40 per cent of residents died during the height of the COVID-19 pandemic, a CBC News investigation has found.

Four of the residences with fatality rates higher than 40 per cent are in the Montreal area, and one is in Ontario.

Another 19 facilities, mostly in the Montreal and Toronto areas, lost between 30 and 40 per cent of their residents between March 1 and May 31.

CBC News collected and examined data for an exclusive national analysis to identify the residences with the highest rates of COVID-19-related deaths.

The analysis reveals what the worst-hit residences had in common, which could prevent fatal mistakes from being repeated in the event of a second wave of the pandemic.

Here is what we found.

Laval the hardest-hit region

A third of the homes where 30 per cent or more of residents died during that period are in the Montreal suburb of Laval.

The city is also home to six of the 10 residences with the highest COVID-19 fatality rates in Canada for the same period.

"The whole region has suffered a lot," Marie-Pierre Lagueux, director of nursing care at CHSLD de la Rive, a privately run nursing home in Laval, said in a statement in French.

The facility had the highest COVID-19 mortality rate in the country, at 44 per cent.

In Laval, staff shortages, already a problem pre-COVID, were exacerbated when large numbers of care aides and medical personnel became sick, Marie-Eve Despatie-Gagnon, a spokesperson for the Laval health board, said in a statement in French.

When members of the Canadian Forces were called in to help at some of the hardest-hit care homes, they noted high rates of absenteeism among staff generally, and that the resulting lack of care had a significant and noticeable effect on the personal hygiene of residents.

The Laval health board has also been criticized by unions for cycling care workers through multiple residences, which could also have spread the infection.

Despatie-Gagnon said the health board has since taken steps to correct this, including recruiting more personnel to work in care homes and adjusting the schedules of care workers so it is possible for them to work in only one residence.

At CHSLD de la Rive, Lagueux said, there were many factors that influenced the high rate of death — notably, underlying health conditions. She said residents received good care, with two doctors onsite 14 hours a day who communicated with families.

(CBC Graphics)

Staff shortages may also have led to sick employees being pressured to work and infecting frail residents — the allegation at the heart of a proposed class-action lawsuit against the Laval health board and the care home that saw the highest number of COVID-19 deaths.

The lawsuit alleges that on March 22 a care aide and a nurse at the Sainte-Dorothée care home told their employer they had flu-like symptoms and asked to be tested for coronavirus. They claim they were told they did not have enough symptoms to warrant testing, and continued

working for several days, during which time a resident they were exposed to tested positive. The employees themselves tested positive March 29.

The lawsuit has not been certified by a judge, and none of the allegations have been proven in court.

By the end of May, 93 people had died at Sainte-Dorothée.

Families asked for hospital care

One of them was Anna-José Maquet, who was 94. Her son, Jean-Pierre Daubois, is the lead plaintiff in the lawsuit.

He said in an interview with CBC News he was relieved to receive a call from the facility the evening of April 2, when he was told his mother was doing well and there were no COVID-19 patients on her floor.

The next day, shortly before noon, Daubois said, his sister received a call saying her mother was doing poorly and she should come right away.

Daubois was shocked to see the state of his mother, who he said had no underlying health conditions.

Jean-Pierre Daubois with his mother, Anna-José Manquet, at the Sainte-Dorothée care home in Laval Que. Manquet died April 3 at the age of 94. (Submitted by Jean-Pierre Daubois)

"It was a terrible sight," he said. "It's tough to describe how hard it was for her to breathe. The effort was so big that she was kind of breathing from the belly."

Daubois says he asked if there were any machines at the residence that could help his mother breathe and was told all the ventilators were at the hospital.

"No equipment was brought there, nor my mother brought to the hospital. So she died that night."

Care homes in Quebec were also under a government directive to avoid transporting residents with suspected or confirmed cases of COVID-19 to the hospital without a doctor's approval.

Montreal lawyer Patrick Martin-Ménard, who is representing the plaintiff in the lawsuit, said he has heard similar stories from families of other deceased care home residents throughout the province.

"Many people who [wanted] a higher level of care, in fact, were forced to stay in the [nursing home] and did not receive the level of medical care that they would have received had they been transferred to a hospital," he said. "Now, did that contribute to a higher death rate? I think it's entirely possible."

Funeral home workers remove a body from the Centre d'hebergement Sainte-Dorothée, one of the care homes where more than 30% of residents died between March 1 and the end of May. (Ryan Remiorz/The Canadian Press)

The Laval health board's Despatie-Gagnon disputes this, saying all residents of the board's publicly run nursing homes who needed hospital care received it.

The question of whether to transfer COVID-19 patients to hospital was something health officials at some of the hardest-hit Ontario homes also grappled with.

At Pinecrest in Bobcaygeon, medical personnel said hospitalization for frail, elderly residents would have been a painful, stressful ordeal that was unlikely to change the outcome.

"When the infection takes hold in their lungs in this elderly population, we can just keep them comfortable. Realistically, a ventilator is not an option," Dr. Stephen Oldridge, a physician who treats residents at Pinecrest, told CBC News in April.

- **Lives remembered: Honouring the Canadians who have died from COVID-19**

Mary Carr, Pinecrest's administrator, said the decision of whether to transfer a resident to the hospital rests with an attending doctor at the local hospital, who does an assessment over the phone.

"Where a transfer is determined by physicians not to be clinically indicated at end of life, we are equipped to provide compassionate end-of-life care in the home," she said in an emailed

statement. "Some of the hardest conversations we have with families are the ones that reckon with a resident's quality of life versus their longevity, but this is not a conversation we shy away from."

At Orchard Villa, a Toronto-area nursing home where more than a quarter of residents with COVID-19 died, families also alleged they faced challenges having their loved ones transferred to the hospital.

Family members of people who died in long-term care homes attend a rally at the Ontario legislature on June 23. (Evan Mitsui/CBC)

In at least one case at that facility, the daughter of one resident with COVID-19 says she forced Orchard Villa to transfer her father to hospital. He recovered after being treated in hospital for malnutrition and dehydration.

A spokesperson for Lakeridge Health, the regional health authority that has since taken over management of Orchard Villa from Southbridge Care Homes, said she was unable to comment on the allegations because they were not responsible for the facility at the time.

Infection control measures lacking

The hardest-hit care homes and seniors' residences were places that did not identify and isolate infected residents and staff early on.

There were reports of personnel moving between infection zones without adequate equipment or observing proper procedures, or the physical placement of infected residents in proximity to others, from several of the most affected facilities, particularly Sainte-Dorothée , CHSLD De La Rive, Pinecrest, and Almonte Country Haven in rural Ontario.

(CBC Graphics)

Carr, Pinecrest's administrator, said the virus posed "unique challenges" for the facility — its relatively small size and physical layout made it difficult to isolate infected patients. She said staff "have been in close, daily contact with local and provincial public health authorities to share information and implement precautionary measures."

In Laval, infection control specialists have now been stationed in different care homes to make sure proper procedures are observed, Despatie-Gagnon said.

Outside Quebec and Ontario

Of the 182 nursing homes and residences that reported more than 10 deaths, just eight were outside Quebec and Ontario: four in B.C., in the Vancouver area; three in Alberta, in the Calgary area; and one in Halifax.

None had a fatality rate higher than 16 per cent as of May 31.

B.C.'s ability to bring a "SWAT team" of provincial public health officials into care homes when the first infection was detected was a key reason outbreaks in that province did not spread to the same extent as those in eastern Canada, said Isobel Mackenzie, the province's seniors' advocate.

"They were in there right away," she said. "And I think it was actually helpful for them to see the chaos in the first outbreak because they quickly realized, holy moly," she said.

The province was home to the country's first coronavirus outbreak at the Lynn Valley Care Centre in North Vancouver.

"Our leadership, because of their expertise in infectious disease, understands 24 hours is going to make the difference [in] containing this ... you've got to move very quickly."

Funding model not a factor

In some parts of the country, such as Laval and eastern Ontario, for-profit long-term care and retirement homes have had higher numbers of COVID-19-related fatalities than public or non-profit facilities.

But that was not the case across the country.

The seniors' residences with more than 30 per cent fatalities were evenly split between for-profit and not-for-profit homes. This was also true of all facilities that reported 10 or more deaths.

What we don't know

A New York Times investigation found U.S. nursing homes where the majority of residents were Black or Hispanic were twice as likely to be hit by COVID-19 as those whose residents were mostly white.

The equivalent data does not exist in Canada, making it impossible to say whether the same holds true in this country.

CBC News has tracked the number of deaths in long-term care and seniors' residences since the pandemic started in March. Our analysis included all facilities that had reported more than 10 deaths as of May 31. There are 182 such facilities across the country.

- **See more details about our methodology**

A CBC-Radio Canada team verified the number of deaths per facility with individual health boards, provincial governments and, in some cases, the residences themselves. We then used publicly available data on the number of beds per facility to obtain a rate.

With files from Benoit Michaud, Samantha Lui, Katie Pedersen and Valérie Ouellet

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